

Prenatal HIV Screening Information for Providers

Indian Health Service
National GPRA Team

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What is GPRA?

- Government Performance and Results Act
 - Federal law
 - Performance-based budgeting
 - Measurable performance indicators to demonstrate effectiveness in meeting Agency mission

Prenatal HIV Measure

- One of over 20 *clinical* measures tracked for yearly performance through GPRA.
- FY 2005 was the first year for the Prenatal HIV measure.
- FY 2005 national baseline data:
 - 54% of pregnant women were screened for HIV

Prenatal HIV Measure Targets*

- "In FY 2006, increase the proportion of pregnant female patients screened for HIV."
- "In FY 2007, maintain the proportion of pregnant female patients screened for HIV at the FY 2006 level."
- *current targets; may be adjusted based upon review of data

HIV Infection

- There are an estimated 850,000 to 950,000 Americans infected with HIV who are unaware that they have the virus.
- HIV infection is spreading among women. In 1992, women made up 14% of adults and adolescents living with AIDS; by the end of 2003, they made up 22%.

HIV Infection among women

- In 2001, HIV infection was:
 - the 6th leading cause of death among women aged 25-34 years, and
 - the 4th leading cause of death among women aged 35-44.

HIV infection rates

- From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men.
- In 2003, women accounted for 27% of all **new** HIV and AIDS diagnoses among adults and adolescents in 2003.

HIV in children

- HIV infections in children are one consequence of higher HIV infection rates among women of childbearing age.
- In 2003, the CDC reported that **92%** of existing HIV and AIDS cases in children and virtually **all new** HIV infections in children in the United States were the result of perinatal (mother to child) transmission of HIV.

HIV in pregnant women and newborns

- Of approximately 4.7 million women who were hospitalized for pregnancy or childbirth in 2002, nearly 6,300 were infected with HIV.
- The CDC estimates that over 8,700 children have contracted HIV through perinatal transmission cumulatively through the year 2003.

Treatment

- In 1994, Zidovudine (ZDV) was found to reduce perinatal transmission of HIV infection, and the US Public Health Service published guidelines regarding the use of ZDV and routine testing and counseling of HIV positive pregnant women.
- These guidelines have been effective in reducing rates of HIV in newborns.

Transmission rates

- Studies have shown transmission rates of **less than 2%** among HIV infected mothers who started antiretroviral treatment *during pregnancy*.
- Those who did not begin treatment until *labor or after birth* had transmission rates of **12-13%**
- Infants whose mothers receive *no preventative treatment* contract HIV at a rate of **25%**.

Testing of all women is critical

- Although ZDV can reduce perinatal transmission below 2%, HIV testing of all pregnant women is critical in identifying women who will need treatment during pregnancy.
- In 2000, 1 in 8 **HIV-infected women** did not receive prenatal care, and 1 in 9 was not tested for HIV before birth.

Universal Prenatal HIV Testing

- Recommended by:
 - Institute of Medicine (IOM)
 - Centers for Disease Control and Prevention (CDC)
 - American College of Obstetricians and Gynecologists (ACOG)
 - US Preventive Services Task Force (USPSTF)
 - UNAIDS Global Reference Group on HIV/AIDS and Human Rights and World Health Organization (UNAIDS/WHO)

IOM recommends universal testing

- The Institute of Medicine recommends **universal HIV testing**, with patient notification, as a routine component of prenatal care.
- "Notification" is defined by the IOM to mean that HIV tests are included in the standard battery of prenatal tests and that women are informed that an HIV test is being conducted and that they have a right to refuse it.

CDC recommends universal testing

- Since 1995, the CDC has recommended that all pregnant women be tested for HIV, and if found to be infected, offered treatment.
- In 2001 it updated its recommendations to “emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV.”

2001 CDC Recommendations

- Emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV
- Recommend simplifying the testing process so that pretest counseling is not a barrier to testing

CDC Recommendations, cont.

- Increase the flexibility of the consent process to allow for various types of informed consent
- Recommend that providers explore and address reasons for refusal of testing
- Emphasize HIV testing and treatment at the time of labor and delivery for women who have not received prenatal testing and chemoprophylaxis

ACOG recommends universal testing

- According to ACOG, pregnant women universally should be tested for HIV infection with patient notification as part of the routine battery of prenatal blood tests unless they decline the test (i.e. opt-out approach).
- Repeat testing in the third trimester and rapid HIV testing at labor and delivery are additional strategies to further reduce the rate of perinatal HIV transmission.

ACOG Committee on Obstetric Practice recommends:

1. Follow an opt-out prenatal HIV testing approach where possible;
2. Repeat offer of HIV testing in the third trimester to women in areas with high HIV prevalence, women known to be at high risk for HIV infection, and women who declined testing earlier in pregnancy as allowed by state laws and regulations;

ACOG recommends, cont.

3. Use conventional HIV testing for women who are candidates for third-trimester testing;
4. Use rapid HIV testing in labor for women with undocumented HIV status;
5. If a rapid HIV test result is positive, initiate antiretroviral prophylaxis (with consent) without waiting for the results of the confirmatory test.

USPSTF recommends universal testing

- The US Preventive Services Task Force strongly recommends that clinicians screen all adolescents and adults at increased risk for HIV infection (an "A" recommendation).
- This recommendation is based on evidence that currently available tests accurately identify pregnant women who are HIV infected and that recommended treatment strategies can dramatically reduce the chances that an infected mother will transmit HIV to her infant.

WHO comprehensive approach to preventing HIV infection in infants

- The World Health Organization promotes a comprehensive approach to the prevention of HIV infection in infants and young children:
 1. Primary prevention of HIV infection;
 2. Prevention of unintended pregnancies among women with HIV;
 3. Prevention of HIV transmission from mothers to their infants;
 4. Care, treatment and support for mothers living with HIV, their children and families.
- *This comprehensive approach is built around the routine offer of HIV testing and counseling to all pregnant women.*

WHO/UNAIDS position on HIV testing

- A routine offer of HIV testing by health care providers should be made to all patients being seen in the context of pregnancy - to facilitate an offer of antiretroviral prevention of mother-to-child transmission.
- Such testing of individuals must be:
 - • **confidential**
 - • be accompanied by **counseling**
 - • only be conducted with informed **consent**, meaning that it is both informed and voluntary.

Opt-in vs. Opt out testing

- In 2002, the CDC compared two types of testing approaches:
 - “**opt-in**” testing, where pregnant women must agree to getting an HIV test, usually in writing,
 - and “**opt-out**” testing, where pregnant women are told that an HIV test will be included in the standard group of prenatal tests and that they may decline the test. Unless they decline, they receive an HIV test.

Opt-in vs. Opt-out, cont.

- In eight states using the opt-in approach in 1998-1999, testing rates ranged from **25% to 69%**.
- However, in Tennessee, which used an opt-out approach, the testing rate was **85%**.
- The CDC concluded that more women are tested with the opt-out approach, and that the opt-out approach can increase the number of HIV-infected women who are offered treatment.

How does Opt-Out work?

- Opt out also means that the patient will be screened unless she specifically “opts out”, or declines screening. In other words, all pregnant patients are screened for HIV, unless the patient specifically refuses HIV screening.

Opt-Out at IHS

- Most Indian health centers that have successfully implemented “opt out” have done so by informing the patient during her initial prenatal appointment that she will be screened as a course of her routine care.
- They also provide information on HIV as part of their prenatal teaching content.

Education is part of Opt-Out testing

- Opt-out screening must include prenatal HIV education for patients. This information accompanies the standard compliment of prenatal teaching content.
- Opt-out screening requires that the patient be informed about HIV and its dire consequences.

For more information

- A Prenatal HIV Consent Procedures Document can be found on the CRS Performance Toolbox Page:

http://www.ihs.gov/cio/crs/crs_performance_improvement_toolbox.asp

- Click on “IHS Prenatal HIV Screening and Consent Procedures”

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